



House of Representatives

General Assembly

File No. 291

February Session, 2004

Substitute House Bill No. 5194

House of Representatives, March 29, 2004

The Committee on Human Services reported through REP. VILLANO of the 91st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING INPATIENT DATA REGARDING CHILDREN AND YOUTH IN NEED OF BEHAVIORAL HEALTH SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2004*) (a) The Departments of
2 Social Services and Children and Families shall collaborate with the
3 Office of Health Care Access and the Connecticut Hospital Association
4 in the development of a mechanism for facilities to report, on a daily
5 basis, the number of children and youth with primary psychiatric
6 diagnoses held in emergency departments and medical units and the
7 length of stay for such children and youth. Said departments shall also
8 collaborate to develop a mechanism to determine the number of
9 available beds for psychiatric care in acute care and licensed residential
10 facilities to provide psychiatric services to children and youth.

11 (b) The Commissioner of Children and Families may require that
12 each hospital licensed under sections 19a-490 to 19a-503, inclusive, of
13 the general statutes, as amended, providing emergency department,

14 inpatient psychiatric treatment, including emergency, crisis
15 stabilization and treatment beds, provide to the commissioner a daily
16 report of (1) the number of children and youth seen in an emergency
17 department having a psychiatric diagnosis, (2) the date of, and reason
18 for, admission to the emergency department, (3) behavioral health
19 diagnoses, (4) age, (5) sex, (6) town of residence, (7) the legal status of
20 any child or youth, if known, (8) the date of discharge of all children
21 and youth who have been admitted and treated for a behavioral health
22 diagnosis at such facilities, (9) case disposition, and (10) payor source.
23 Such reports shall be utilized by the Department of Children and
24 Families to manage and monitor the resources and performance of the
25 behavioral health service delivery system for children and youth. Any
26 such reports received by the Departments of Children and Families
27 and Social Services shall be confidential and shall be used only for the
28 purposes specified in this subsection.

29 Sec. 2. (*Effective October 1, 2004*) Section 17a-21 of the general statutes
30 is repealed.

This act shall take effect as follows:	
Section 1	<i>October 1, 2004</i>
Sec. 2	<i>October 1, 2004</i>

Statement of Legislative Commissioners:

In subsection (a) of section 1, the last word in the first sentence was changed from "adults" to "youth" for consistency of reference throughout the subsection. In subdivision (8) of subsection (b) of section 1, the word "persons" was changed to "children and youth" to maintain consistency of reference.

HS *Joint Favorable Subst.-LCO*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 05 \$	FY 06 \$
UConn Health Ctr.	GF - Cost	Potential	Potential
Children & Families, Dept.	GF - Cost	See Below	See Below
Social Services, Dept.	GF - Cost	None	None
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	See Below	See Below
Health Care Access, Off.	GF - Cost	None	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The Departments of Children and Families (DCF), Social Services (DSS) and the Office of Health Care Access will be able to collaborate with the Connecticut Hospital Association regarding the development of mechanisms for the reporting of daily data as described in the bill without requiring additional resources.

Should DCF choose to institute the daily reporting requirement, the agency would incur one-time data processing costs of approximately \$17,000 to establish a computer tracking system to accept data from each hospital in Connecticut. Assignment of a half-time Office Assistant (at an annual salary of \$17,370)¹ to monitor the reporting, follow up with hospitals failing to submit data and facilitate the dissemination of reported information to relevant DCF, DSS and private provider staff would be necessary. Since the bill provides discretionary authority to the commissioner as regards the daily reporting mandate, it is anticipated that the agency will elect to

¹ Given a 10/1/04 effective date, the FY 05 cost associated with the position would be \$15,665 (\$13,030 DCF; \$2,635 fringe benefits). FY 06 costs would rise to \$25,330 (\$17,370 DCF; \$7,960 fringe benefits).

implement the reporting requirement only when resources allow. No funding has been included within sHB 5033 (the Revised FY 05 Appropriations Act, as favorably reported by the Appropriations Committee) for this purpose.

The hospital reporting requirements included in the bill will potentially lead to increased administrative costs to the John Dempsey Hospital at the University of Connecticut Health Center (UCHC). Although this information currently exists, reporting it daily would likely require data processing changes as well as additional staff resources. The extent of these increased costs are not known.

The bill repeals Section 17a-21 CGS, which mandates quarterly reporting of specified data to DCF by psychiatric and general hospitals. Since Dempsey Hospital has not historically submitted reports under this statute, its repeal will result in no impact to the UCHC.

OLR Bill Analysis

sHB 5194

AN ACT CONCERNING INPATIENT DATA REGARDING CHILDREN AND YOUTH IN NEED OF BEHAVIORAL HEALTH SERVICES**SUMMARY:**

This bill allows the Department of Children and Families (DCF) to require all hospitals that provide emergency department or inpatient psychiatric care to submit daily reports on their child and youth psychiatric cases to the DCF commissioner. By law, a "child" is defined as someone up to age 15 and "youth" is age 16 and 17. If it requires such reports, the bill requires DCF to use them to monitor and manage the performance of the state's behavioral health service delivery system for children and youth. The bill repeals an existing quarterly reporting system by which DCF obtains similar data.

The bill also requires DCF and the Department of Social Services (DSS) to collaborate with the Office of Health Care Access and the Connecticut Hospital Association to develop a mechanism for facilities to report daily on the number of children and youth with primary psychiatric diagnoses in emergency departments and medical units and the length of stay for such children and youth. The departments must also develop a method to determine the number of psychiatric beds for children and youth available in acute care and licensed residential facilities.

EFFECTIVE DATE: October 1, 2004

HOSPITAL REPORTING

Under the bill, DCF can require all licensed hospitals that provide emergency department or inpatient psychiatric treatment, including emergency, crisis stabilization, and treatment beds to report the following information daily to DCF:

1. the number of children and youth with a psychiatric diagnosis seen in the emergency department (ED);

2. when and why each child or youth was admitted to the ED;
3. age, sex, town of residence, and behavioral health diagnosis;
4. legal status, if known;
5. discharge date of children and youth admitted and treated for a behavioral health diagnosis and case disposition; and
6. the source of payment for the treatment.

The daily reports are confidential and may be used only by DCF to monitor and manage the behavioral health delivery system's resources and performance in regard to children and youth.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Report

Yea 18 Nay 0